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APPLICANTS					
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** CONTINUING DATA *****		<i>(none) R</i>			
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED					
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>R.M.</i> Initials		STATE OR COUNTRY MI	SHEETS DRAWING 2	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
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TITLE					
Body state estimation of a vehicle					
FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)			